



Hospital Performance Measurement In Rural New England: Recommendations for Improvement

March 19, 2010

A Project of the New England Performance Improvement Initiative



The purpose of this report is to serve as the foundation for developing a consensus-based set of “rural-relevant and useful” quality indicators and measures that CAHs can use. Because most reporting requirements are generated by particular legislative or regulatory interests, the information which CAHs report is generally not helpful to them for comparative or operational uses. This report, therefore, recommends creating a set of common measures that CAHs could use for their performance improvement work, and to serve as benchmarks for comparison with other similar CAHs.

Specific deliverables focus on the creation of an inventory of all measures currently collected and reported by CAHs in Maine, Massachusetts, New Hampshire, and Vermont, identification of the similarities and differences, and the recommendation of a list of “core” rural relevant measures. Tables of the reporting requirements by state are laid out in appendices to this report, using a Balanced Scorecard framework.

This report respectfully submitted by:

W. Cyrus Jordan MD, MPH - Medical Director, VPQHC
Patricia A. Launer RN, CPHQ - Quality Improvement Advisor/Specialist, VPQHC
Peter Holman - Principal, Parkside Consulting

Sponsored by:

Massachusetts State Office of Rural Health
New Hampshire State Office of Rural Health and Primary Care
Maine State Office of Rural Health and Primary Care
Vermont Department of Health, Office of Rural Health

In Collaboration with:

The New England Rural Health RoundTable

In December 2009, the New England Rural Health RoundTable (NERHRT) engaged the Vermont Program for Quality in Health Care (VPQHC) to conduct a study of the hospital reporting requirements in Maine, Massachusetts, New Hampshire, and Vermont, and to develop recommendations for rural measure standards for Critical Access Hospitals (CAHs) in the four states. The NERHRT sees the study as critical to advancing its interest in working with key stakeholders in the public and private sector to make CAH data collection and reporting more pertinent to the rural settings of CAHs. The RoundTable wants to determine how closely the current publically-reported quality and performance measures align with the needs of CAHs as they work to improve their individual performance. Beyond that, the RoundTable's concept is that an evaluation of the current inventory of indicators will be the foundation for developing a consensus-based set of "rural-relevant and useful" quality indicators and measures that CAHs can use to guide their quality improvement activities, to benchmark their activities with other CAHs, and to be prepared for the introduction of pay-for-performance reimbursement systems should these develop.

The RoundTable specifically asked VPQHC to prepare three pieces for the first phase of this work. These are:

1. Using the parameters of the Balanced Scorecard (Clinical, Productivity, Satisfaction, and Financial measures), inventory by state, and all performance measures collected and reported by CAHs, including the agency or organization requiring the measures and the specific information contained in such report.
2. Create an inventory that aggregates the measures identified in Step 1 above to show the similarities and differences across states.
3. Recommend a list of "core" rural-relevant measures that represent a common set of widely-adopted performance measures reflecting both the New England region and national rural health trends.

Overview of Approach

In developing the first two deliverables, VPQHC constructed a series of matrices that provide an inventory of measures. There are five matrix sets. Four of the matrix sets collect CAH reporting information broken down into the four quadrants of the Balanced Scorecard. Each matrix is organized to show the national reporting requirements for CAHs, followed by the more specific reporting requirements of each state. Included in these matrices are details for each measure set including:

1. The name of the measure set.
2. Information contained in the measure set.
3. Who requires the data collection?
4. If the CAH must conduct primary data collection to meet the report requirements.
5. If the measure set is developed from data collected for other purposes.
6. The source of the data for the report.
7. The uses of the measure set. This information is laid out in matrices.

The fifth matrix, the "Crossover" report, compares information by state on some of the key areas of measurement.

VPQHC used the following definitions to group the measure set information into the four matrices. For this work, the assignment of a measure to a Scorecard quadrant is somewhat arbitrary. A specific measure set can sometimes be assigned to more than one quadrant. Further, many of the CAH reporting requirements contain information that covers a range of topics in more than one quadrant. The assignment of a measure set to a quadrant, therefore, is what appears to be the most relevant area. VPQHC used the following definitions to guide this work.

Quality of Processes and Outcomes:

Included here are measures that focus on a wide range of quality issues primarily addressing clinical processes. These measures might include the quality of services offered, the outcomes of quality initiatives, or what clinical services should be added or terminated.

Community and Patient Perceptions:

This area looks at Patient Satisfaction scores, which often address both clinical and non-clinical areas of hospital operations. It has been broadened here to include the satisfaction of the community at large with the hospital. This would include whether the "community" sees the hospital as a valuable resource.

Resource Utilization (Productivity):

This area focuses on how well the hospital uses both its human and its physical resources, and the satisfaction of the employees and the providers who use the hospital services.

Finance:

Included in this section are patient service activity, levels of utilization, and the resulting revenues and expenses associated with providing the patient care. It also looks at the overall financial health of the CAH, both near-term and long-term.

In researching the information to populate the matrices, web research was the primary tool used. In addition, conversations were held with several individuals in each state to guide this work. These included:

- Anuj Goel, Director of Regulatory Affairs, Massachusetts Hospital Association
- Sandy Parker, VP for Quality and General Counsel, Maine Hospital Association
- Margaret Pinkham, Maine CAH group
- Paula Minahan, VP for Finance and Rural Hospital, New Hampshire Hospital Association
- Robert Auriloi, CEO, Northeast Health Care Quality Foundation
- Steve LaRose, VP for External Affairs, Vermont Information Technology Leaders
- Mike Davis, Vermont Department of Banking, Insurance, Securities, and Health Care Administration.
- Marcus Teupker, Director, Health Care Data Services, Vermont Association of Hospitals and Health Systems
- Mike Del Trecco, VP for Finance, Vermont Association of Hospitals and Health Systems

To create the final list of recommended rural-relevant measures, VPQHC contacted members of the Flex Monitoring Team regarding rural-relevant measures already in place and being used at a national or state level. The Flex Monitoring Team is made up of faculty and researchers from the Rural Health Research Centers at the Universities of Minnesota, North Carolina-Chapel Hill, and Southern Maine. The Team is engaged in a five-year effort to monitor and evaluate the Medicare Rural Hospital Flexibility Grant Program (Flex Program). The monitoring project is assessing the impact of the Flex Program on Critical Access Hospitals and their communities and the role of states in achieving overall program objectives. The Team has already published several reports analyzing the quality and financial performance of CAHs both nationally and by state.

Separate conversations were held with:

- Andrew Coburn, PhD, Muskie School of Public Service, University of Southern Maine
- Caitlin Nelligan, University of North Carolina, Chapel Hill
- Michelle Casey, Senior Research Fellow, University of Minnesota
- Ira Mascovice, PhD, University of Minnesota

While all of these people believe that there is no definitive list of core rural-relevant measures, there has been work done by the Flex Monitoring Team to work toward defining what measures are appropriate for the work of small, rural hospitals.

In the fall of 2004 *Journal of Rural Health*¹, in an article entitled, “Measuring Rural Hospital Quality”, members of the Flex Monitoring Team outlined 20 quality measures deemed relevant for rural hospitals with less than 50 beds. These measures were assessed by a panel of 13 experts based on 4 criteria: the prevalence of condition in small rural hospitals; the ease of data collection; the internal usefulness of the measure for small, rural hospitals; and the external usefulness for small, rural hospitals. These measures were then field-tested in 22 hospitals in Minnesota, Nevada and Utah by the University of Minnesota, Stratis Health, and HealthInsight.²

In doing this work, two gaps were identified where the Team believes that further measures needed to be collected. There are currently no relevant measures that address the role of the CAH in its first contact with patients in the Emergency Room, nor are there measure which look at the integration of care across the community.

With regard to the first need, in 2006 and 2007 the Washington Rural Health Quality Network, the University of Minnesota, and Stratis Health, field tested a set of emergency department (ED) measures in 17 rural hospitals in Washington State.³ These measures focused on patients presenting with trauma or acute myocardial infarction, and patients transferred to another hospital for care after initial evaluation in the CAH’s ED. The measures included: time to electrocardiogram (ECG); aspirin within 24 hours; time to thrombolytic; trauma vital signs- proportion of patients with systolic blood pressure; pulse rate, or respiratory rate documented on arrival and at least hourly; and, the type of communication sent with the patient upon transfer to another facility. These measures have subsequently been adopted by National Quality Forum.

¹ Measuring Rural Hospital Quality, *The Journal of Rural Health*, Volume 20, No. 4, Fall 2004; pps383-393

² http://www.sph.umn.edu/hpm/rhrc/pdfs/monographs/RH_RuralMeasuresFinalReport_063005.pdf

³ <http://flexmonitoring.org/documents/FlexDataSummaryReport3.pdf>

With regard to the integration of care across the community, VPQHC could identify no appropriate measures to capture this metric. However, the National Quality Forum has recently issued a call for measures to look at coordination of care. When this new measure set is available, it may be appropriate to consider adding some or all of these measures to the core New England measure set.

VPQHC also researched what financial measures were being broadly considered as useful for comparative use by CAHs. In October of 2009, the Flex Monitoring Team published a CAH Financial Indicator Report.⁴ The 20 indicators included in this report were identified by the Technical Advisory Group (TAG) to address the unique funding and organizational structure of the CAHs. The measures were identified based on 3 criteria: the feasibility of collecting common information across CAHs; the importance of the measure to a CAH's operations; and, the usefulness of the measure for management. Areas addressed by the measures include profitability, liquidity, capital, structure, revenue, cost, and utilization.

The Details

For the purposes of this report, VPQHC has developed a series of matrices to inventory the performance measures reported in each of the four states. Because of their size, these matrices are included in this report in the Appendix. As the Appendices to this report reflect, each state has a number of agencies and organizations collecting and reporting hospital data. The Appendices are organized as follows.

- Appendix I cuts the data three ways. First, there are four basic matrices here organized by using the four quadrants of the Balanced Scorecard: Quality, Patient Satisfaction, Resource Use, and Finance. Each of these matrices begins with relevant federal reporting requirements, followed by the state-level requirements in each state.
- Appendix II is also organized using the Scorecard quadrants, and contains a comparison of state measure sets in several reporting categories, and to see if there might be opportunities to share existing state data source to measure CAH performance.
- Appendix III contains a summary list, by state, of all the websites used to prepare this report.

All states do seem to collect about the same set of measures of hospital performance in one form or another. Each state does appear to have a good source of data on hospital discharges for both inpatient and outpatient services. And much of the "quality" work centers on similar questions of procedures performed, outcomes achieved, adverse events, and hospital-acquired infections. Of course, one major problem the RoundTable will face in constructing measure sets is how to collect comparable data across the states. There is currently no uniformity in the reporting of measures from state-to-state, definitions of data elements vary, and the time-frames for collecting and reporting the data are state-specific.

While there is a wealth of data being collected and publically report on hospital activities in each of the four states, there does not appear to be any state efforts to coordinate these reporting requirements across the spectrum of hospital activities. By and large, state regulatory

⁴ http://flexmonitoring.org/documents/DataSummaryReportNo6_Aug09.pdf

requirements seem to have developed piecemeal, over time, to address one or another “problem” that the legislature or state officials felt needed attention. In Vermont, which is perhaps the most regulated of the four states studied here, much of the hospital reporting is now required by Act 53, which is administered by the Department of Banking, Insurance, Securities, and Health Care Administration (BISHCA). The requirements in Act 53 address quality, patient satisfaction, nursing unit staffing, and a number of other publicly reported measures. In addition, BISHCA conducts the annual hospital budget reviews and administers the Certificate of Need program. Yet even in Vermont, in addition to BISHCA, four other agencies of state government have significant regulatory control over other aspects of hospital operations. In the other three New England states, regulatory requirements seem to be even less coordinated.

On the financial side, there are federal requirements for the uniform reporting of financial data, including the Medicare Cost Reports and the IRS990 annual filing. At the state level, however, the reporting requirements for CAHs are a mixed bag. Only Vermont has a formal annual budget review and approval process. In other states, much of the reporting is based on extraction of charge data from either federal or other commercial insurance programs, and is designed to allow consumers to compare costs across hospitals. But even here the approaches vary from reporting specific average costs, to “Consumer Reports” style ratings of whether a hospital’s charges are above or below the average. Finally, although no routine reports flow from this regulatory process, each of the four states retains a Certificate or Determination of Need Program, allowing the public to be aware of major facility or program proposals by hospitals.

Overall, in terms of the Balanced Scorecard format used here, it appears that there is far more data available in the areas of Finance and Quality than there is to measure Patient Satisfaction and Resource Development. This is perhaps to be expected since most of the hospital reporting initiatives flow from state-regulatory efforts to control clinical outcomes and the cost of health care.

In terms of hospital reporting requirements, mention should be made of measure sets not included in this report. Each state has a lengthy list of hospital reporting it requires for public health purposes. These reports range from information on births and deaths, and certain communicable diseases treated by the facility, to reports to disease and injury registries, and the operation of x-ray and lab services. While some of these data might be useful in determining the health of a CAH’s service area population, and indirectly the outcomes of CAHs, much more work would need to be done to make these data comparable between hospitals and across state lines.

Among the various state reports no distinction was found between “urban” and “rural” hospital reporting requirements, nor was there any attempt to recognition of what might constitute “rural-relevant” measures for CAHs. Some of the state “grading systems” do exclude reporting of information from hospitals with a low volume of particular diagnoses or procedures. And in Vermont, small hospitals are grouped together for budget review purposes. But there appears to be no general efforts on the part of any of the states to recognize that the difference between a large and a small hospital is more than just bed count.

Recommendations

In this work, VPQHC did not find any “off the shelf” solution for the RoundTable to use in assembling a set of common “rural relevant” CAH data to benchmark and measure the performance of CAHs. As an overall approach, VPQHC recommends that the four states agree to begin by collecting a limited set of measures from the data set used by the Flex Monitoring Team. This approach has several advantages. The data are readily available, and the definitions are commonly agreed on across CAHs. Also, the data will allow a comparison not only among the four states, but with the performance of CAHs nationally.

This approach would also allow the states to fairly quickly produce a comparative report that would allow all the key stakeholders to “test” the value of the four-state reporting approach. At the same time, senior management of CAHs in the four states need to come together to determine a broader set of performance measures they would like to see collected, and to make the commitment to routinely and consistently report these data to a central clearinghouse for processing and turn-around of the information back to the CAHs for management decision making.

Specifically, VPQHC recommends:

- 1. Use the work done by the Flex Monitoring Team as the foundation for determining a core set of Rural-Relevant Measures. These measures include:**
 - **The 20 Quality Measures deemed relevant for rural hospitals with less than 50 Beds:**
 1. *Proportion of acute myocardial infarction (AMI) patients with ST elevation on electrocardiogram whose time from hospital arrival to thrombolytic was 30 minutes or less;*
 2. *Proportion of AMI patients without aspirin contraindications who received aspirin within 24 hours before or after hospital arrival;*
 3. *Proportion of AMI patients without beta-blocker contraindications who received a beta-blocker within 24 hours after hospital arrival;*
 4. *Proportion of heart failure patients with left ventricular systolic dysfunction, without angiotensin converting enzyme (ACE) inhibitor contraindications, who were prescribed an ACE inhibitor at hospital discharge;*
 5. *Proportion of heart failure patients with documentation in the hospital record that left ventricular function was assessed before arrival, during hospitalization, or was planned for after discharge;*
 6. *Proportion of heart failure patients with a smoking history who received smoking cessation advice or counseling during the hospital stay;*
 7. *Proportion of heart failure patients with documentation that they or their caregivers were given written discharge instructions or other educational material addressing all of the following: (1) activity level; (2) diet; (3) discharge medications; (4) follow-up appointment; (5) weight monitoring; (6) what to do if symptoms worsen;*
 8. *Proportion of pneumonia patients who received their first dose of antibiotics within 4 hours after hospital arrival;*

9. *Proportion of non-neonate pneumonia patients who received oxygenation assessment with arterial blood gas (ABG) or pulse oximetry within 24 hours of hospital arrival;*
 10. *Proportion of pneumonia inpatients over age 65 who were screened for pneumococcal vaccine status and were not vaccinated because of refusal or contraindication, or needed vaccine and received it prior to discharge;*
 11. *Proportion of pneumonia patients or their caregivers who have a history of smoking and who received smoking cessation advice or counseling;*
 12. *Proportion of surgical patients with appropriate timing and selection of prophylactic antibiotics for procedures: Measures include (1) antibiotic administration within 1 hour of surgery; (2) antibiotic administration discontinued within 24 hours of surgery; and (3) selection of the appropriate antibiotic;*
 13. *Proportion of medication doses reported as medication errors on the hospital variance/incident report. Error is defined as one of the following: wrong patient, wrong dose, wrong time (includes omitted dose), wrong route, and wrong medication;*
 14. *Proportion of patients (or their caregivers) with regularly scheduled medications that can demonstrate an understanding of their medication regimen (examples are heart failure or diabetic patients);*
 15. *Proportion of discharges that have documented adverse drug reactions for the month (any unwanted or unintended effect);*
 16. *Proportion of trauma patients with systolic blood pressure, pulse rate, and respiratory rate documented on arrival to the emergency department and at least hourly for 3 hours (or until emergency room patient is released, admitted, or transferred);*
 17. *Total number of Medicaid denials of admissions and/or continued stays for the month per total Medicaid admissions;*
 18. *Proportion of all births that are delivered by Cesarean section;*
 19. *Number of laparoscopic cholecystectomies per total cholecystectomies;*
 20. *Proportion of adult admits with complete advance directives for patients 18 years and above and emancipated minors for the month⁵.*
- **The 5 Quality Measures related to Emergency Room transfer and communication adopted by the National Quality Forum (NQF):**
 1. *Time to ECG;*
 2. *Aspirin within 24 hours;*
 3. *Time to thrombolytic;*
 4. *ED trauma vital signs measure;*
 5. *Emergency Department Transfer Communication Measure⁶.*
 - **20 CAH Financial Indicators:**
 1. *Total Margin;*
 2. *Cash Flow Margin;*
 3. *Return on Equity;*
 4. *Days Cash on Hand;*
 5. *Net Days Revenue in Accounts Receivable;*

⁵ Measuring Rural Hospital Quality, *The Journal of Rural Health*, Volume 20, No. 4, Fall 2004; pps383-393

⁶ <http://flexmonitoring.org/documents/FlexDataSummaryReport3.pdf>

6. *Equity Financing;*
7. *Debt Service Coverage;*
8. *Long-Term Debt to Capitalization;*
9. *Outpatient Revenues to Total Revenues;*
10. *Patient Deductions;*
11. *Medicare Inpatient Payer Mix;*
12. *Medicare Outpatient Payer Mix;*
13. *Medicare Outpatient Cost to Charge;*
14. *Medicare Revenue per Day;*
15. *Salaries to Total Expenses;*
16. *Average Age of Plant;*
17. *FTEs per Adjusted Occupied Bed;*
18. *Average Daily Census Swing-SNF Beds;*
19. *Average Daily Census Acute Beds*⁷.

2. Use the upcoming NEPI Performance Improvement Summit as an opportunity to discuss the work presented in this report, and to begin to expand those areas where more common reporting is desirable.

Clearly the Flex Monitoring Team measures do not address the quadrants of Patient and Community Satisfaction, or Resource Development. Among the questions to be addressed at the Summit would be:

- Is the Balanced Scorecard template the best starting point for developing CAH rural-relevant measures?
- If so, should all the quadrants have measures of equal importance?
- What are the best measures for Patient Satisfaction and Community Satisfaction?
- How can the RoundTable move to develop meaningful Resource Development measures since this area has had so little regulatory measurement attention?
- Should the RoundTable establish a set of principles or parameters to use in the selection of each measure to be used in any coordinated regional data collection effort?

To accomplish this work, VPQHC recommends that breakout groups be used during the Summit to receive input from attendees on a recommended core set of rural-relevant measures for CAHs. As a starting point, each of four breakout groups should be asked to focus on one of the quadrants, reviewing both the work of the Flex Monitoring Team and the reporting currently being done in the four states, and recommend the measures that should be collected. Another breakout group should focus on what common principles or parameters should be used in selecting the measures to be collected. With the results of this work in hand, the RoundTable can then move ahead to refine the desirable CAH measures, and determine how they might be collected, reported and analyzed.

Conclusion

For the most part, current publicly reported measures for rural hospitals are primarily focused on “cost” and “quality”. Though these domains are important in evaluating rural hospitals, the

⁷ http://flexmonitoring.org/documents/DataSummaryReportNo6_Aug09.pdf

currently available measures tend not to be rural-specific, and in most instances are more relevant to urban hospitals. Additionally, the measures represent regulatory interests of the state rather than strategic interests of the institutions.

It should be noted that the current CAH reporting requirements exist in an environment where state initiatives may well bring about significant change in the way in which CAHs operate. In Massachusetts, hospitals are still dealing with the health care reform law that requires nearly every resident to have health insurance coverage. In Maine, improvement efforts include the creation of Patient Centered Medical Homes. New Hampshire's Health Care Quality Assurance Commission has initiatives on infection management and prevention, ventilator associated pneumonia, and central line bloodstream infections, antibiotic use, and surgical site infection rates. And in Vermont, the BluePrint for health care and other initiatives promise major changes in the treatment of chronic conditions.

The Balanced Scorecard approach used in this report is, by design, intended to reflect and measure an institution's strategic plans rather than regulatory compliance. As such, as the RoundTable work moves forward it hopefully can take into account the various state initiatives currently underway. Rural hospitals should strive to steer the planning and data collection processes in their states to meet their unique needs in this environment of rapid change at the state and national level.

Rural hospitals also have the opportunity to become the first building-blocks of a merger of clinical and public health interests. They are in the best position to both see the needs in their service areas, and to measure the impact of current and new health programs on the health of their populations. They should be in the forefront of efforts to develop data systems that truly measure community needs, outcomes, and health status so that limited health resources can be allocated appropriately.



APPENDIX I

Below are four tables which aggregate the reporting requirements for CAHs in Maine, Massachusetts, New Hampshire, and Vermont, and show how the data are made available for public use. The tables are grouped using the four quadrants of the Balanced Scorecard methodology. A fifth table (Appendix II) contains a “crossover” comparison of state approaches to a number of significant reporting topics.

The information in these tables came from a combination of individual conversations with health personnel in each state, and an extensive web-based research on the topics under study. The effort here was designed to capture the range of reporting required of hospitals, and whether the available “products” resulting from this reporting are of value to the hospitals for their operations. As noted, some reporting does not result in any public documentation in which individual hospital data are reported. In addition, virtually no patient-level information is available, and individual provider-identified data are seldom made public.

Finally, it should be noted that these tables do not contain a wide range of data sets created from hospital reporting and used for public health purposes. So, for example, reports of births, deaths, communicable diseases or the incidence of cancer are not included here. These data are used to monitor the health of the population and are seldom publically available at the level that might be of value to hospital decision-making. Generally speaking, it is only when a hospital moves to look at the overall health of its service area population do these data become useful.

QUALITY REPORTING MEASURES: CRITICAL ACCESS HOSPITALS							
STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
NEW ENGLAND CAHS	Inpatient, Patient Safety, Prevention, and Pediatric Quality Indicators	Broad reporting of indicators for use by policy makers and providers www.ahrq.gov/	AHRQ	--	X	CMS data	Summary data available at AHRQ website
	Hospital Compare	Provides an interactive website that allows a comparison between hospitals on 35 medical and surgical conditions www.hospitalcompare.hhs.gov/	US Department of Health and Human Services	--	X	Hospital UB04	HHS publishes results on an interactive website. Data used by a number of other state and national organizations for reports and analysis purposes.
	State level Data – Quality Indicators	Compares aggregate CAH performance by state to national CAH data and “All US Hospital” data. www.flexmonitoring.org/indicators.shtml	FLEX Monitoring Team	--	X	CMS Hospital Compare	Summary report by state available to state office of rural health Public report combines MA, ME, NH, and VT in one regional report.
	National Quality Measures Clearinghouse	Contains an extensive listing of quality measures being used across the Country and by all activities under H&HS http://www.qualitymeasures.ahrq.gov/	Health and Human Services	--	X	Various	Various

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
NEW ENGLAND CAHS	Adverse Events Reporting	Any adverse or sentinel event must be reported to the Division of Licensing and Certification http://oig.hhs.gov/oei/reports/oei-06-09-00360.pdf	Division of Licensing and Certification	X	--	Medical Records	Annual Summary Report with analysis published
MAINE	Maine Hospital Quality Snapshots	Provides a hospital-specific report on CMS quality measures, ranking hospitals as Better, average, or worse than other hospitals in the state. Also provides a “performance meter” illustrating how the hospital performed in the specific disease measures. Also contains some population-based analysis of utilization by hospital service area. www.mainequalityforum.gov	Maine Quality Forum	--	X	Uses chart data from the Maine Health Data Organization	Information by hospital is available on Forum’s website
	Creating a Culture of Safety	The results of the hospitals’ surveys of nursing staff on their perception of a culture of patient safety in their institutions http://mhdo.maine.gov/imhdo/_pdf/Culture%20of%20Safety%20Manual%20Final%20February%206%202009.pdf	Maine Health Data Organization	X	--	Hospital survey of all nurses annually on a range of questions regarding the priority and learning regarding patient safety.	Report is published by the Organization.

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
MAINE	Quality Data Sets	<p>Hospitals and ambulatory surgery facilities report on quality metrics acute myocardial infarction, heart failure, and pneumonia. Also contains information on the “Surgical Care Improvement Project,” central line infections, hospital-acquired ulcers, patient falls, patients in restraints, nursing hours, and patient satisfaction</p> <p>http://mhdo.maine.gov/imhdo/qualitydata.aspx</p>	Maine Health Data Organization	X	--	Internal hospital reports and patient records	Results published annually.
MASSACHUSETTS	Patient Safety and Medical Error Reduction	<p>Hospitals report based on the National Quality Forum’s categorization of “severe reportable events.”</p> <p>http://www.mass.gov/?pageID=eohhs2terminal&L=5&L0=Home&L1=Government&L2=Departments+and+Divisions&L3=Department+of+Public+Health&L4=Programs+and+Services+A+-+J&sid=Eeohhs2&b=terminacontent&f=dph_patient_safety_g_betsy_overview&csid=Eeohhs2</p>	Betsy Lehman Center for Patient Safety and Medical Error Reduction	X	--	Medical Records	An “Interim Report” for the period 1/1/08 to 6/30/08 was issued on 11/6/08. No subsequent report found.

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
MASSACHUSETTS	MyHealthCareOptions	Data to compare hospital cost and quality measures http://hcqcc.hcf.state.ma.us/Content/PatientsAndFamilies.aspx	Massachusetts Quality and Cost Council	--	X	Council takes information from: <ul style="list-style-type: none"> • CMS • The Leapfrog Group • MA Division of Healthcare Finance and Policy • MA Department of Health Data Acquisition Center 	Council operated an interactive website to handles cost and quality inquiries by the public.
	Patients First Massachusetts	Detailed data by hospital on the nurse staffing patterns and plans for the current year. http://www.patientsfirstma.org/staffing2010/hospitals.cfm	Massachusetts Hospital Association and the Massachusetts Nurses Association	X	--	Voluntary reporting by hospitals of both the nurse staffing plans for the coming year, and the historic data on actual past-years staffing.	Hospital reports are available for public review on the Patients First website. Data are by hospital, by nursing unit type.
	Clinical Quality in Primary Care	Compares the performance of over 150 medical groups providing preventive and chronic disease services in the state. www.mhqp.org	Massachusetts Health Quality Partnership	--	X	Data collected from five employer-based health insurance plans	Reported on the Coalition's website in a state summary form, and with a link to allow comparison of individual medical groups.
	Serious Reportable Events in Massachusetts Hospitals 2008	Detailed report summarizes serious reportable events by type and by hospital http://www.mass.gov/Eeohhs2/docs/dph/quality/healthcare/sre_acute_care_hospitals.pdf	Office of Health and Human Services, Department of Public Health, Division of Health Care Quality	X	--	Mandatory hospital reporting of 28 discrete adverse medical events in six broad categories: <ul style="list-style-type: none"> • Surgery • Product or device related • Patient protection related • Care management related • Environmental • Criminal 	Public report published by H&HS

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
MASSACHUSETTS	Infection Prevention Highlights	Report contains examples of the work of hospitals to improve infection rates. http://hcqcc.hcf.state.ma.us/Content/PatientsAndFamilies.aspx	Massachusetts Coalition for the Prevention of Medical Errors, and the Massachusetts Hospital Association	X	--	Various hospital reports and records	Published report.
NEW HAMPSHIRE	CAH Licensure	Application contains information on initial bed size, and certification by local health officer, building inspector, and fire chief. http://hcqcc.hcf.state.ma.us/Content/PatientsAndFamilies.aspx	DHHS, Bureau of Health Facility Administration	X	--	Various internal and external sources	Available for inspection at DHHS
	Adverse Events Reporting	Hospitals report on 28 adverse events, medical errors, and near misses. http://www.dhhs.state.nh.us/NR/rdonlyres/e4zllslrdotzumdqukfmodobjxxladp5kps6sp7inmafaf3e3a2c7rai4wuzqxwhifgoylwsddxwp4xdho45ghequle/bhfa_adverse.pdf	DHHS, Bureau of Health Facility Administration	--	X	Medical Record	

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
NEW HAMPSHIRE	Report on Hospital Infections	Authorized but not yet funded. Would require reporting on: <ul style="list-style-type: none"> Central line infections Ventilator pneumonia Surgical wound infections Urinary tract infections http://www.dhhs.state.nh.us/NR/rdonlyres/ekwe6n5w6mr u445unhu3356vr42v2n2pqfr upkqngo6wds1wtdj256nm3s7wiqd67per3qcxm5yc3afwn gc2kdobiac/hai_stateplan.pdf	DHHS	--	X	Medical records and internal hospital reports.	
	Statewide Reports	Provides a detailed report on each hospital's activities as measured by the CMS related to: <ul style="list-style-type: none"> Acute Myocardial Infarction Congestive Health Failure Community acquired pneumonia Surgical Care Improvement Project Survey of Patient's Hospital Experience www.nhqualitycare.org	NH Qualitycare	--	X	CMS measure related to	Maintains an inter-active website for patients to review and compare the scores of hospitals on these EMS measures.
	Hospital Scorecard	Uses a combination of symbols to measure hospital performance in terms of: <ul style="list-style-type: none"> Patient Experience Patient Safety Quality Costs www.nhpghscorecard.org	NH Purchasers Group on Health	--	X	The Group's website states that it uses a number of information sources including Leapfrog, CMS, NH Insurance Department, and is using the Maine Health Management Coalition's methodology	Provides a public access website to make individual and comparative hospital queries.

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
NEW HAMPSHIRE	New Hampshire Quality Improvement Network	<p>A set of tools designed to assist hospitals in assuming and maintaining CAH status</p> <p>http://www.healthynh.com/nhha/nh_hospitals/ruralhealth/criticalaccess.php</p>	Foundation for Health Communities	--	X	various	Publicly available information on the Foundation's website
VERMONT	Patient Discharge Data Set	<p>Contains information on 44 elements regarding demographics, payment, and clinical information for all inpatients and outpatients encounters.</p> <p>http://www.bishca.state.vt.us/category/sections/health-care/research-data-reports</p>	Department of Banking Insurance, Securities, and Health Care Administration.	--	X	Hospital medical records and billing information	<ol style="list-style-type: none"> 1. Hospitals for multiple management and clinical purposes 2. BISHCA for various analyses and reports. 3. Development of the Annual "Hospital Monograph Series" document on inpatient and ER activity. 4. Data included in Health Department's "Health Vermonters" annual report.
	Patient Safety Surveillance and Improvement System	<p>Hospitals identify, track and analyze adverse events as determined by National Quality Forum. Hospitals also track non-reportable events and near misses, and "intentional unsafe acts."</p> <p>http://healthvermont.gov/admin/legislature/documents/PatientSafetySurveillanceImprovement_legrpt011509.pdf</p>	Department of Health	--	X	Hospitals are required to have an "internal tracking system" to identify, track and analyze reportable adverse events, non-reportable adverse events, and new misses.	All information is confidential. No public access to this data is allowed.

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
VERMONT	Hospital-based Infection Reporting	Hospital acquired infections: <ul style="list-style-type: none">• CLABSI• Surgical sites of Knees and Hips• Abdominal Hysterectomy http://www.bishca.state.vt.us/health-care/hospitals-health-care-practitioners/hospital-report-cards	Department of Banking Insurance, Securities, and Health Care Administration.	--	X	Medical records and other internal hospital reports	Publically reported by BISHCA
	Hospital Licensure	Annual application contains information on hospital, board officers, management, accreditation, and beds by specialty. Requires assurance that hospital complies specifically with the Patient Bill of Rights law, along with 15 other state laws. Also requires assurance that a Patient Complaint Process is in place. http://www.google.com/search?hl=en&client=gmail&rls=gm&q=vermont+hospital+licensure&btnG=Search&aq=f&aqi=&aql=&oq=	Department of Health	--	X	Various hospital records and policies	License issued after verification of compliance with existing laws. Applications are public information, but no summary report is issued.

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
VERMONT	Hospital Report Cards	<p>Contains detailed information by hospital on:</p> <ul style="list-style-type: none">• Heart attack care• Heart failure care• Pneumonia care• Preventing complications of surgery• volumes and mortality for four high-risk, low volume procedures <p>http://www.bishca.state.vt.us/press-release/2009-vermont-hospital-report-cards-posted-state-bishca-website-data-compares-individual-hospitals</p>	Department of Banking Insurance, Securities, and Health Care Administration.	X	--	Hospital medical records and other internal hospital reports	Published annually in a hospital comparative report by BISHCA

STATE	PATIENT AND COMMUNITY SATISFACTION REPORTING MEASURES: CRITICAL ACCESS HOSPITALS						
	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
NEW ENGLAND CAHS	HCAHPS – Consumer Assessment of Healthcare Providers and Systems	<p>A random survey of patients regarding their experience in obtaining health care in five areas:</p> <ul style="list-style-type: none"> • Getting needed care • Getting care without long waits • How well doctors communicate • Courtesy and helpfulness of office staff • Customer service. <p>www.hcahpsonline.org/</p>	US Department of Health and Human Services, Agency for Healthcare Research and Quality (AHRQ)	--	--	AHRQ administers a random survey of a cross-section of the population such adults, children, children with chronic conditions, commercial, Medicaid, and Medicare.	Used by many public and private agencies and organizations to display the relative status of hospitals.
MAINE	2009 Hospital Pulse Report	<p>Individual hospital/state data</p> <p>http://www.pressganey.com/galleries/default-file/Hospital_Pulse_Report_2009.pdf</p>	Press Ganey	X	--	Hospital Surveys	While the survey results are not public, the Press-Ganey website notes that Maine hospitals have the highest patient satisfaction rating in the Nation.

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
MASSACHUSETTS	Patient Experience Survey	<p>The practice scores of providers identified in the survey in 7 areas:</p> <ul style="list-style-type: none"> • Communication • Coordination of care • Knowledge of patient • Preventive care and advice. • Timeliness of appointment, care and information. • Quality of care of from others in the office. • Quality of care from staff in the doctor's office. <p>http://www.mhqp.org/quality/pes/pesMASumm.asp?nav=031600</p>	Massachusetts Health Care Quality Partners	--	--	Results of a survey of 51,000 adult patients and 20,000 parents done in the fall of 2007.	Data designed to allow the public to view the results of their own physician's performance in the surveyed areas.
NEW HAMPSHIRE	New Hampshire Hospital Scorecard	<p>Contains a summary category "Patient Experience" to rank all NH hospitals using Consumer Reports style symbols of circles and blue ribbons.</p> <p>www.nhpghscorecard.org/</p>	New Hampshire Purchasers Group on Health	--	X	Extracted from various sources including: Leapfrog, CMS and NH Insurance Department data. Data processed by the Maine Health Information Center	Web-based summary report

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
NEW HAMPSHIRE	2009 Hospital Pulse Report	http://www.pressganey.com/galleries/default-file/Hospital_Pulse_Report_2009.pdf	Press Ganey	X	--	Taken from the results of patient survey information collected by Press Ganey	While the survey results are not public, the Press-Ganey website notes that New Hampshire ranked number 3 in the Nation for patient satisfaction.
VERMONT	Patient Satisfaction Survey	<p>Contains random survey of patient satisfaction with the following indicators:</p> <ul style="list-style-type: none"> • Clean Room • Quiet at Night • Nurse communication • Doctor communication • Explained Medicines • Pain well controlled • Received help quickly • Discharge information • Overall rating • Would recommend hospital • Number of surveys completed <p>http://www.bishca.state.vt.us/health-care/hospitals-health-care-practitioners/2009-patient-satisfaction</p>	Department of Banking Insurance, Securities, and Health Care Administration.	--	X	Basically this is HCAPS data which is reported by hospitals to BISHCA	BISHCA publishes the results as part of its Act 53 Hospital Report card

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
VERMONT	Hospital Complaint System	Part of hospital licensure.	Department of Health	X	--	Hospital's complaint records	Available for public review
	Hospital governance	As part of ACT 53 reports, hospitals detail who is on their Boards, and the process for selection of members http://www.bishca.state.vt.us/press-release/2009-vermont-hospital-report-cards-posted-state-bishca-website-data-compares-individual	Department of Banking Insurance, Securities, and Health Care Administration.	X	--	Hospital policies and data	Available for public review
	Strategic Initiatives and public participation	As part of ACT 53 reports, hospitals detail their future program and construction development plans, and how the community is involved in the process http://www.bishca.state.vt.us/press-release/2009-vermont-hospital-report-cards-posted-state-bishca-website-data-compares-individual	Department of Banking Insurance, Securities, and Health Care Administration.	X	--	Various hospital documents	Available for Public Review

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
VERMONT	Nurse Staffing	<p>Number of hours of nursing care provided on a hospital unit compared to the number of patients on that unit. Includes hours of RN, LPN, licensed nurse aides, and mental health technicians.</p> <p>http://www.bishca.state.vt.us/press-release/2009-vermont-hospital-report-cards-posted-state-bishca-website-data-compares-individua</p>	Department of Banking Insurance, Securities, and Health Care Administration.	X	--	Follows the American Nurses Assoc. methodology using internal hospital manpower data	Available for Public Revue

STATE	RESOURCE DEVELOPMENT REPORTING MEASURES: CRITICAL ACCESS HOSPITALS						
	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
MAINE	Maine Hospital Quality Snapshots – Nursing Availability and Experience	Provides information by hospital of the number and percentages of nursing staff, along with information on separation from employment. http://preview-mqf-online.com/summary/summary.aspx?ProvID=200006&level=9&CompGroup=All	Maine Quality Forum	--	X	The Forum uses data from each hospital which submits individual nursing-sensitive data to the Maine Health Data Organization.	Available on the Maine Quality Forum website
	Health Information Exchange	Developing the health information exchange for use by all providers. www.mhic.org/	Healthinfonet www.hinfonet.org	--	X-	Hospitals	Planning and implementation of the electronic medical record and the health information exchange
MASSACHUSETTS	Hospital Discharge Data	Hospital Inpatient Discharge Data, 2008 per MA regulation 114.1 CMR 17.00 http://www.dhhs.state.nh.us/NR/rdonlyres/ea3fn6yduidmvt32tglldocqc65onrzitbcgtw3atuiaamn5eh262oxympgthytl2uvsxip6us4c6xmjtzyw3jxlde/He-P+802+RULES+FOR+HOSPITALS.pdf	MA Division of health care finance and policy	--	X	Hospital patient records	Division publishes annually repot.

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
MASSACHUSETTS	Health Information Exchange	Developing the health information exchange for use by all providers. www.maehc.org/	Massachusetts eHealth Collaborative www.Maehc.org	--	X	Hospitals	Planning and implementation of the electronic medical record and the health information exchange
	HIT Regional Extension Center	Works with providers to install or upgrade IT systems so that they can benefit from the Exchange	Massachusetts Technology Park Cooperative	--	--	Hospitals and medical practices	N/A
NEW HAMPSHIRE	Annual Community Benefits Plan	Format for the Plan is determined by the Director of Charitable Trusts. Plan lists all community benefits of the hospital, including charity care. The cost of each activity proposed in the plan must be included, along with a comparison to total net operating costs for the hospital http://hcr.vermont.gov/sites/hcr/files/pdfs/HCR-Uncompensated_Care_Policies.pdf	Director of Charitable Trusts, Department of Justice	X	--	Various hospital policies and plans	While the Department receives a Benefit Plan from each hospital, it does not appear that any publication of the reports or a summary is available on line. Its website indicates that the Plans are available for public inspection during normal business hours. Hospitals are also required to make the Plan available to the public, and may post it on the hospital's website.

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
NEW HAMPSHIRE	Report Library	Contains a wide range of community health utilization and outcomes measures. http://nhhealthwrqs.org/library/pdf/inpatient/MajorConditionGroup_InpatientDischarges_AgeSpecific_2006_STAT_E.pdf	New Hampshire HealthWRQS	--	X	Various hospital and health reports	HeathWRQS maintains a searchable public Report Library
VERMONT	Nursing Care Hours per Patient Day	BISHCA provides a summary report annually of the average number of nursing hours by medical and surgical service, Intensive Care, and Psychiatric Services. Also provides a breakdown of the number of hours provided by RNs contrasted to other nursing service personnel. http://www.bishca.state.vt.us/category/sections/health-care/hospitals-health-care-practitioners?page=2	Department of Banking Insurance, Securities, and Health Care Administration.	X	--	Nursing Management Records	Summary report with data by hospital is published annually by BISHCA
	Health Information Exchange	Developing the health information exchange for use by all providers. www.vitl.net	Vermont Information Technology Leaders	--	--	Hospitals	Planning and implementation of the electronic medical record and the health information exchange

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
VERMONT	VT Uniform Hospital Discharge Data Set (VUHDDS)	A set of information on each patient treated by a hospital in VT as an inpatient, outpatient, or emergency department patient. Data also contains information on Vermonters treated at hospitals in neighboring states. http://www.bishca.state.vt.us/health-care/research-data-reports/vermont-hospital-utilization-reports-vhur ; and http://www.bishca.state.vt.us/health-care/research-data-reports/vermont-uniform-hospital-discharge-data-set-vuhdds	Department of Banking Insurance, Securities, and Health Care Administration.	X	--	Patient records collected by VT Explor for BISHCA using a standard format for each hospital admission. State also receives data from neighboring states through agreements with health departments in NH, NY and MA.	Multiple agencies and organizations use this data for planning and policy development
	HIT Regional Extension Center	Works with providers to install or upgrade IT systems so that they can benefit from the Exchange www.vitl.net	VITL	--	--	Hospitals and medical practices	N/A

STATE	FINANCIAL REPORTING MEASURES: CRITICAL ACCESS HOSPITALS						
	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
NEW ENGLAND CAHS	CMS Hospital Cost Report	Contains the highest level of a hospital's cost report status for cost reports in fiscal years 1996 to 2009 www.cms.hhs.gov/ostreports/02_hospitalcostreport.asp	Center for Medicare and Medicaid	X	--	Hospital Cost Report filings	Medicare Reimbursement
	IRS Form 990	Reports on: <ul style="list-style-type: none"> • Community Benefit • Billings and Collections • Management Contracts and Joint Ventures • Facility Information • Compensation of Officers and Key Employees • Community Benefit http://www.foundationcenter.org/	Internal Revenue Service	X	--	Various hospital Board, Management and Financial Reports	IRS uses the report to determine hospital's compliance with 501.c3 status. Other public agencies and individuals review form for such items as compensation and the amount of community benefit provided by the hospital.

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
NEW ENGLAND CAHS	Patient Bill	Hospitals use the UB04 format for each admission. www.ub04.net	All third-party payers	X	--	Medical records and hospital charge master	Payments made by third party payers based on information provided in this form.
	2010 Almanac of Hospital Financial and Operating Indicators	Contains a broad range of hospital measures for all 50 states for 2008. Access to the data is by fee. www.igenix.com	Ingenix	--	X	Various public sources	Data used for comparative purposes by state government in Maine and Massachusetts
	State Level Data – Financial Indicators	FLEX Monitoring Team www.flexmonitoring.org/indicators.shtm	Flex Monitoring Team, University of Minnesota	--	X	Various CMS data	State report available to each state office of rural health. Website provides a public summary by region. MA, ME, NH, and VT are combined in one region.
MAINE	Financial Information by Hospital	Data are presented in three levels of detail by hospital peer groups. When data are available, the report also compares Maine to the Northeast and National data. www.healthweb.maine.gov	HealthData of Maine (formerly Web Health of Maine)	--	X	Provider claims data	Available on the HealthData of Maine website

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
MAINE	Inpatient Utilization by Service Group and Hospital Service Area	Provides an annual summary of hospital discharges by major diagnostic category both for patients from the service area, and those outside the service area. http://www.healthweb.maine.gov/inpatient/in_util_qry.asp	HealthData of Maine	--	X		Available in various formats on the HealthData of Maine website
	Outpatient Data	Lists annual data on the top 20 surgical, laboratory, and diagnostic procedures including the volume, percentage of total and average charge for each. Searchable hospital-specific data is also available. http://www.healthweb.maine.gov/claims/healthcost/consolidated.aspx	HealthData of Maine	--	X	Amounts shown in report are based on: <ul style="list-style-type: none"> • Commercial claims data • Medicare claims data • Mainecare claims data 	Searchable database is available on the website
	ER Data	Lists the 30 largest volume reasons for overall ER visits, along with hospital-specific information ranking visit reasons. http://www.healthweb.maine.gov/emergency/	HealthData of Maine	--	X	Based on commercial, Medicare and Mainecare claims data. No hospital-specific data are reported	Data are available on the website by ICD9 – CM diagnostic codes for the 30 top complaints presented at the hospital ER.

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
MAINE	HealthCost	Report relating to health care facility and practitioner payment for services www.healthweb.maine.gov/claims/healthcost/default.aspx	Maine Health Data Organization	--	X	Third-party claims data for commercial, Medicare and Medicaid claims.	Public can access the data through the Organization's website.
	Maine Hospital Ratings Maine Doctor Ratings Maine Surgical Ratings	Provides a rating system based on a set of symbols including green and blue ribbons to describe provider performance. www.mhmc.org	Maine Health Management Coalition	--	X	Uses CMS Compare data, National Committee for Quality Assurance, and Leapfrog Group data.	Publically available website to search these ratings.
MASSACHUSETTS	Health Care in Massachusetts: Key Indicators	A 34 page report of a range of financial and performance indicators of hospitals and other health providers http://www.mass.gov/Eeohhs2/docs/dhcfp/r/pubs/09/key_indicators_nov_09.pdf	Department of Health Care Financing and Policy	--	X	Hospital data largely from the DHCFP Acute Hospital Financial Data`	DHCFP publishes annual report

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
MASSACHUSETTS	Acute Hospital Financial Performance Report	Contains a Power Point summary data for all hospitals in 32 major performance indicators, with specific margins and profit/loss information for each hospital. www.mass.gov/Eeohhs2/docs/.../fy08_acute_hospital_financial.ppt	Division of Health Care Financing and Policy	--	X	Hospital financial data	Department publishes annual reports.
	Hospital Case Mix and Charge Data	Patient demographics, diagnoses and procedures, physicians, and charges for each inpatient discharge, outpatient observation stay, and emergency department visit. http://www.mass.gov/Eeohhs2/docs/dhcfp/r/hdd/hdd_fy05.pdf	Department of Health Care Financing and Policy	X	--	Medical records and patient accounts	Used to establish payment rates, and inform health care policy development and public health studies.
	Hospital Discharge Data	A set of required data elements for each hospital discharge, outpatient observation, and ER visit www.mass.gov/?pageID=eohhs2terminal&L=3&L0=Home&L1=Researcher&L2=Insurance+(including+MassHealth)&sid=Eeohhs2&b=terminalcontent&f=dhcfp_researcher_all_dhcfp_publications&csid=Eeohhs2	Department of Health Care Financing and Policy	X	--	Patient Records	No report issued although data is available upon request.

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
MASSACHUSETTS	Hospital Financial Reports	<p>Data includes the hospital filing of annual cost reports, charge books, and quarterly filings. Regulation 114.1 CMR 42:00</p> <p>http://www.mass.gov/?pageID=eohhs2terminal&L=4&L0=Home&L1=Researcher&L2=Physical+Health+and+Treatment&L3=Health+Care+Delivery+System&sid=Eeohhs2&b=terminalcontent&f=dhcfp_researcher_all_dhcfp_publications&sid=Eeohhs2</p>	Department of Health Care Financing and Policy	X	--	Various financial data	Available upon request. Data used to establish MassHealth and Uncompensated Care Pool payment rates, and to monitor the financial condition of hospitals.
NEW HAMPSHIRE	Health Costs by Procedure	<p>Contains information for consumers on the costs of a limited number of medical procedures including:</p> <ul style="list-style-type: none"> • Preventive Services • Emergency Visits • Radiology • Maternity • Surgical Procedures <p>Also offers services to employers to understand their insurance rates</p> <p>www.nhhealthcost.org</p>	Website developed by the New Hampshire Health Information Center, the NH Institute for Health Policy and Practice for the NH Insurance Department	--	X	Based on the median amounts paid by insurers and patients using claims data from the New Hampshire Comprehensive Health Information System's database.	Allows a search depending on whether the person is insured or uninsured.

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
NEW HAMPSHIRE	NH PricePoint	Contains information on charges and utilization by hospital for 64 types of inpatient stays in a “Basic” and a “Comprehensive” query format. www.nhpricepoint.org	NH Hospital Association	--	X	Hospital UHDDS	Consumers and providers can receive basic information about the services offered by any NH hospital, along with the average charges for each of the 64 inpatient stays.
	Community Benefit Plan	Hospitals submit an annual plan detailing its activities to address community health care needs including: <ul style="list-style-type: none"> Charity care Financial and in-kind support for public health programs. Allocation of funds and other resources that contribute to the community health needs. Donation of funds to community health projects. Support for research, education and training of providers Based on a community needs assessment. http://doj.nh.gov/charitable/benefits.html	NH Attorney General, Department of Justice	X	--	Various internal sources	NH Hospital Association publishes an annual summary of the hospitals’ contribution.

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
NEW HAMPSHIRE	CHIS Data and Reports	Claims data for Medicaid and Private Insurance www.nhchis.org	NH Comprehensive Health Care Information System, operated by the NH DHHS, Office of Medicaid Business and Policy	--	X	Medicaid and commercial insurance claims data	Data are available to the public, although the access is targeted to more sophisticated users.
VERMONT	Vermont Uniform Hospital Discharge Data Set (UHDDS)	Hospital discharge data extracted from UB04 including demographic, clinical, and payment information for all inpatients, outpatients, ER visits, and observation beds. Also includes some information on inpatient discharges from NH, MA, and NY. http://www.vtexplor.org/manual/Mar2004.pdf	Department of Banking Insurance, Securities, and Health Care Administration. However, the Department of Health manages the data which is collected and edited by VT Explor, a division of the Vermont Hospital Association.	X	--	In Vermont, hospitals submit a uniform set of 60 de-identified data elements on each admission. BISHCA collects comparable data from information available in NH, MA, and NY.	Used for multiple purposes including the creation of the VT Uniform Hospital Discharge Data Set.

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
VERMONT	Hospital Pricing and Hospital Financial Reports	An annual comparative summary of hospitals' performance including: <ul style="list-style-type: none">Hospital charges for top inpatient admissionsCount of top admissionsHospital charges for top outpatient proceduresCount of top outpatient proceduresPhysician and hospital pricing of common outpatient procedures http://www.bishca.state.vt.us/health-care/hospitals-health-care-practitioners/hospital-financial-health-care-reports	Department of Banking Insurance, Securities, and Health Care Administration.	--	X		Reported by BISHCA as part of the ACT 53 Hospital Report Card
	Bad Debt and Free Care Reporting	Shows deductions from Gross Operating Revenue for: <ul style="list-style-type: none">Contractual AdjustmentsFree careBad DebtEmployee or other discounts http://hcr.vermont.gov/sites/hcr/files/pdfs/HCR-Uncompensated_Care_Policies.pdf	Department of Banking Insurance, Securities, and Health Care Administration.	--	X	Patient Billings	Reported by BISHCA as part of the ACT 53 Hospital Report Card

STATE	NAME OF MEASURE SET	INFORMATION IN MEASURE SET	WHO REQUIRES DATA COLLECTION	CAH MUST CONDUCT PRIMARY DATA COLLECTION	SECONDARY USE OF DATA/ DATA COLLECTED FOR OTHER PURPOSE	SOURCE OF DATA	USES OF MEASURE SET
VERMONT	Annual Hospital Budget Review	<p>Submittal format prescribed each year by BISHCA. See Appendix A. Hospitals also submit periodic progress reports during the year.</p> <p>BISHCA publishes summaries of the key elements of these budgets including:</p> <ul style="list-style-type: none">• A series of financial health benchmarks and indicators• Hospital Capital indicators• Five year capital plans <p>www.bishca.state.vt.us/health-care/hospitals-health-care-practitioners/hospital-financial-health-care-reports</p>	Department of Banking Insurance, Securities, and Health Care Administration.	X	--	Result of each hospital’s budget development process	<p>Each hospital budget is reviewed by BISHCA staff and is presented to the Public Oversight Committee (POC) by the hospital. POC makes recommendations to Commissioner who makes final budget decisions.</p> <p>BISHCA also published “VT Community Hospital Financial and Statistical Profile” based on budget information submitted.</p>

APPENDIX II

NEW ENGLAND ROUNDTABLE PERFORMANCE STUDY COMPARISON OF MEASURE SETS BY STATE MARCH 2010				
MEASURE SET CATEGORY	MAINE	MASSACHUSETTS	NEW HAMPSHIRE	VERMONT
HOSPITAL QUALITY	<p>Provides a hospital-specific report on CMS quality measures, ranking hospitals as Better, average, or worse than other hospitals in the state. Also provides a “performance meter” illustrating how the hospital performed in the specific disease measures.</p> <p>www.mainequalityforum.gov</p>	<p>Data to compare hospital cost and quality measures</p> <p>http://hcqcc.hcf.state.ma.us/</p>	<p>Uses a combination of symbols to measure hospital performance in terms of:</p> <ul style="list-style-type: none"> • Patient Experience • Patient Safety • Quality • Costs <p>www.nhpghscorecard.org</p>	<p>Contains detailed information by hospital on:</p> <ul style="list-style-type: none"> • Heart attack care • Heart failure care • Pneumonia care • Preventing complications of surgery • volumes and mortality for four high-risk, low volume procedures <p>http://www.bishca.state.vt.us/press-release/2009-vermont-hospital-report-cards-posted-state-bishca-website-data-compares-individual</p>
PATIENT SATISFACTION	<p>Hospitals participate in Press Ganey Surveys, but no public information is available on the results</p>	<p>No standard reporting of hospital satisfaction found</p>	<p>Contains a summary category “Patient Experience” to rank all NH hospitals using Consumer Reports style symbols of circles and blue ribbons.</p> <p>www.nhpghscorecard.org/</p>	<p>Contains random survey of patient satisfaction with the following indicators:</p> <ul style="list-style-type: none"> • Clean Room • Quiet at Night • Nurse communication • Doctor communication • Explained Medicines • Pain well controlled • Received help quickly • Discharge information • Overall rating • Would recommend hospital • Number of surveys completed <p>http://www.bishca.state.vt.us/health-care/hospitals-health-c</p>

MEASURE SET CATEGORY	MAINE	MASSACHUSETTS	NEW HAMPSHIRE	VERMONT
FINANCIAL INFORMATION BY HOSPITAL	Data are presented in three levels of detail by hospital peer groups. When data are available, the report also compares Maine to the Northeast and National data. www.healthweb.maine.gov	A 34-page report of a range of financial and performance indicators of hospitals and other health providers www.mass.gov.Eeohh.2	Contains the highest level of a hospital's cost report status for cost reports in fiscal years 1996 to 2009 www.cms.hhs.gov/costreports/02_hospitalcostreport.asp	Data includes the hospital filing of annual cost reports, charge books, and quarterly filings. Regulation 114.1 CMR 42:00 DHCFP website
INPATIENT UTILIZATION	Summary of hospital discharges by major diagnostic category both for patient from the service area, and those outside the service area. www.healthwebmaine.gov	A set of required data elements for each hospital discharge, outpatient observation, and ER visit www.mass.gov	Claims data for Medicaid and Private Insurance www.nhchis.org and http://www.dhhs.state.nh.us/DHHS/HSDM/hospital-discharge-data.htm	Hospital discharge data extracted from UB04 including demographic, clinical, and payment information for all inpatients, outpatients, ER visits, and observation beds. Also includes some information on inpatient discharges from NH, MA, and NY. http://www.bishca.state.vt.us/health-care/research-data-reports/vermont-hospital-utilization-reports-vhur
OUTPATIENT UTILIZATION	Contains claims-based utilization data. http://www.healthweb.maine.gov/claims/healthcost/default.aspx	None found	None Found	Hospital discharge data extracted from UB04 including demographic, clinical, and payment information for all inpatients, outpatients, ER visits, and observation beds. Also includes some information on inpatient discharges from NH, MA, and NY. http://www.bishca.state.vt.us/health-care/research-data-reports/vermont-hospital-utilization-reports-vhur
EMERGENCY DEPARTMENT UTILIZATION	Participates in NEDS http://www.hcup-us.ahrq.gov/nedsoverview.jsp	Participates in NEDS http://www.hcup-us.ahrq.gov/nedsoverview.jsp	Participates in NEDS http://www.hcup-us.ahrq.gov/nedsoverview.jsp	Hospital discharge data extracted from UB04 including demographic, clinical, and payment information for all inpatients, outpatients, ER visits, and observation beds. Also includes some information on inpatient discharges from NH, MA, and NY. http://www.bishca.state.vt.us/health-care/research-data-reports/vermont-hospital-utilization-reports-vhur Participates in NEDS http://www.hcup-us.ahrq.gov/nedsoverview.jsp

MEASURE SET CATEGORY	MAINE	MASSACHUSETTS	NEW HAMPSHIRE	VERMONT
CAPITAL EXPENDITURES	None Found	None Found	None Found	<p>Contained in annual hospital budget submittal</p> <p>www.bishca.state.vt.us/health-care/hospitals-health-care-practitioners/hospital-financial-health-care-reports</p>
HOSPITAL CHARGES	<p>Report relating to health care facility and practitioner payment for services</p> <p>www.healthweb.maine.gov/claims/healthcost/default.aspx</p>	http://hcqcc.hcf.state.ma.us/	<p>Contains information on charges and utilization by hospital for 64 types of inpatient stays in a “Basic” and a “Comprehensive” query format.</p>	<p>An annual comparative summary of hospitals’ performance including:</p> <ul style="list-style-type: none"> • Hospital charges for top inpatient admissions <ul style="list-style-type: none"> • Count of top admissions • Hospital charges for top outpatient procedures • Count of top outpatient procedures • Physician and hospital pricing of common outpatient procedures
COMMUNITY BENEFIT	None Found	http://www.cbsys.ago.state.ma.us/healthcare/hccbar.asp	<p>Hospitals submit an annual plan detailing its activities to address community health care needs including:</p> <ul style="list-style-type: none"> • Charity care • Financial and in-kind support for public health programs. • Allocation of funds and other resources that contribute to the community health needs. • Donation of funds to community health projects. • Support for research, education and training of providers • Based on a community needs assessment. 	http://www.bishca.state.vt.us/health-care/hospitals-health-care-practitioners/2010-comparison-report-vermont-hospital-report-card

MEASURE SET CATEGORY	MAINE	MASSACHUSETTS	NEW HAMPSHIRE	VERMONT
HOSPITAL BUDGET REVIEWS	None Found	None Found	None Found	Submittal format prescribed each year by BISHCA. Hospitals also submit periodic progress reports during the year. BISHCA publishes summaries of the key elements of these budgets including: <ul style="list-style-type: none">• A series of financial health benchmarks and indicators• Hospital Capital indicators• Five year capital plans www.bishca.state.vt.us/health-care/hospitals-health-care-practitioners/hospital-financial-health-care-reports
FLEX MONITORING TEAM STATE LEVEL SUMMARY OF QUALITY	Available to State Office of Rural Health	Available to State Office of Rural Health	Available to State Office of Rural Health	Available to State Office of Rural Health
FLEX MONITORING TEAM STATE LEVEL SUMMARY OF FINANCIAL INDICATORS	Available to State Office of Rural Health	Available to State Office of Rural Health	Available to State Office of Rural Health	Available to State Office of Rural Health

MEASURE SET CATEGORY	MAINE	MASSACHUSETTS	NEW HAMPSHIRE	VERMONT
HEALTH INFORMATION EXCHANGE	HealthInfoNet www.hinfonet.org	Massachusetts eHealth Collaborative www.maehc.org	Under Development	Vermont Information Technology Leaders www.vitl.net
FEDERALLY FUNDED HIT REGIONAL EXTENSION CENTERS	None yet	Massachusetts Technology Park Corporation (No web address)	None Yet	Vermont Information Technology Leaders www.vitl.net



APPENDIX III

Consolidated List of Information Resources Websites Identified in the Report

All CAHS

CMS Hospital Cost Reports, Inpatient - www.cms.hhs.gov/costreports/02_hospitalcostreport.asp

IRS Form 990 - <http://www.foundationcenter.org/>

Patient Bill - www.ub04.net

2010 Almanac of Hospital Financial and Operating Indicators - www.igenix.com

Patient Safety, Prevention, and Pediatric Quality Indicators - www.ahrq.gov/

Hospital Compare - www.hospitalcompare.hhs.gov

State level Data – Quality Indicators - www.flexmonitoring.org/indicators.shtml

National Quality Measures Clearinghouse - <http://www.qualitymeasures.ahrq.gov/>

Consumer Assessment of Healthcare Providers and Systems - www.hcahpsonline.org/

Maine

Financial Information by Hospital - www.healthweb.maine.gov

Inpatient Utilization by Service Group and Hospital Service Area -
http://www.healthweb.maine.gov/inpatient/in_util_qry.asp

Outpatient Data - <http://www.healthweb.maine.gov/claims/healthcost/consolidated.aspx>

ER Data - <http://www.healthweb.maine.gov/emergency/>

HealthCost - www.healthweb.maine.gov/claims/healthcost/default.aspx

Maine Hospital Ratings, Maine Doctor Ratings, Maine Surgical Ratings - www.mhmc.org

Adverse Event Reporting - <http://oig.hhs.gov/oei/reports/oei-06-09-00360.pdf>

Maine Hospital Quality Snapshots - www.mainequalityforum.gov

Creating a Culture of Safety -

<http://mhdo.maine.gov/imhdo/pdf/Culture%20of%20Safety%20Manual%20Final%20February%206%202009.pdf>

2009 Hospital Pulse Report - http://www.pressganey.com/galleries/default-file/Hospital_Pulse_Report_2009.pdf

Quality Data Sets - <http://mhdo.maine.gov/imhdo/qualitydata.aspx>

Maine Hospital Quality Snapshots – Nursing Availability and Experience – <http://preview-mqf-online.com/summary/summary.aspx?ProvID=200006&level=9&CompGroup=All>

Maine Hospital Quality Snapshots – Nursing Availability and Experience - <http://preview-mqf-online.com/summary/summary.aspx?ProvID=200006&level=9&CompGroup=All>

Maine Information Exchange - www.mhic.org/

Massachusetts

Health Care in Massachusetts: Key Indicators -

http://www.mass.gov/Eeohhs2/docs/dhcfp/r/pubs/09/key_indicators_nov_09.pdf

Acute Hospital Financial Performance Report -

www.mass.gov/Eeohhs2/docs/.../fy08_acute_hospital_financial.ppt

Hospital Case Mix and Charge Data -

http://www.mass.gov/Eeohhs2/docs/dhcfp/r/hdd/hdd_fy05.pdf

Hospital Discharge Data - http://www.mass.gov/Eeohhs2/docs/dhcfp/r/hdd/hdd_fy05.pdf

Hospital Financial Reports -

http://www.mass.gov/?pageID=eohhs2terminal&L=4&L0=Home&L1=Researcher&L2=Physical+Health+and+Treatment&L3=Health+Care+Delivery+System&sid=Eeohhs2&b=terminalcontent&f=dhcfp_researcher_all_dhcfp_publications&csid=Eeohhs2

http://www.mass.gov/?pageID=eohhs2terminal&L=5&L0=Home&L1=Government&L2=Departments+and+Divisions&L3=Department+of+Public+Health&L4=Programs+and+Services+A+-+J&sid=Eeohhs2&b=terminalcontent&f=dph_patient_safety_g_betsy_overview&csid=Eeohhs2

<http://hcqcc.hcf.state.ma.us/Content/PatientsAndFamilies.aspx>

Patients First Massachusetts - <http://www.patientsfirstma.org/staffing2010/hospitals.cfm>

Clinical Quality in Primary Care - www.mhqp.org

Serious Reportable Events in Massachusetts Hospitals -

http://www.mass.gov/Eeohhs2/docs/dph/quality/healthcare/sre_acute_care_hospitals.pdf

Infection Prevention – Report on Hospital Infection – Highlights -

<http://hcqcc.hcf.state.ma.us/Content/PatientsAndFamilies.aspx>

Patient Experience Survey - <http://www.mhqp.org/quality/pes/pesMASumm.asp?nav=031600>

Hospital Discharge Data - [http://preview-mqf-](http://preview-mqf-online.com/summary/summary.aspx?ProvID=200006&level=9&CompGroup=All)

[online.com/summary/summary.aspx?ProvID=200006&level=9&CompGroup=All](http://preview-mqf-online.com/summary/summary.aspx?ProvID=200006&level=9&CompGroup=All)

Health Information Exchange - www.maehc.org/

New Hampshire

Community Benefit Plans - <http://doj.nh.gov/charitable/benefits.html>

Health Costs by Providers - www.nhhealthcost.org

CHIS Data and Reports - www.nhchis.org

CAH Licensure - <http://hcqcc.hcf.state.ma.us/Content/PatientsAndFamilies.aspx>

Adverse Events Reporting -

http://www.dhhs.state.nh.us/NR/ronlyres/e4zllslrdotzumdukfmodobjxxladp5kps6sp7inmafaf3e3a2c7rai4wuzqxwhifgoylwsddxwp4xdho45ghequle/bhfa_adverse.pdf

Report of Hospital Infections -

http://www.dhhs.state.nh.us/NR/ronlyres/ekwe6n5w6mru445unhu3356vr42v2n2pqfrupkqngo6wdsldtdj256nm3s7wiqd67per3qcxm5yc3afwngc2kdobiac/hai_stateplan.pdf

Statewide Reports - www.nhqualitycare.org

Hospital Scorecard - www.nhqualitycare.org

New Hampshire Quality Improvement Network – www.healthynh.com/nhha/NH-Hospitals/muralhealth/critical_access.php

New Hampshire Hospital Scorecard - www.nhpghscorecard.org/

2009 Hospital Pulse Report - http://www.pressganey.com/galleries/default-file/Hospital_Pulse_Report_2009.pdf

Annual Community Benefit Plan - http://hcr.vermont.gov/sites/hcr/files/pdfs/HCR-Uncompensated_Care_Policies.pdf

Report Library -

http://nhhealthwrqs.org/library/pdf/inpatient/MajorConditionGroup_InpatientDischarges_AgeSpecific_2006_STATE.pdf

Strategic Initiatives and Public Participation -

<http://www.bishca.state.vt.us/press-release/2009-vermont-hospital-report-cards-posted-state-bishca-website-data-compares-individual>

Vermont

Vermont Uniform Hospital Discharge Data Sets (UHDDS) -

<http://www.vtexplor.org/manual/Mar2004.pdf>

Hospital Pricing and Hospital Financial Reports - <http://www.bishca.state.vt.us/health-care/hospitals-health-care-practitioners/hospital-financial-health-care-reports>

Bad Debt and Free Care Reporting - http://hcr.vermont.gov/sites/hcr/files/pdfs/HCR-Uncompensated_Care_Policies.pdf

<http://www.bishca.state.vt.us/category/sections/health-care/research-data-reports>

Patient Safety Surveillance and Improvement System -

http://healthvermont.gov/admin/legislature/documents/PatientSafetySurveillanceImprovement_Report011509.pdf

Hospital-based Infection Reporting - <http://www.bishca.state.vt.us/health-care/hospitals-health-care-practitioners/hospital-report-cards>

Hospital Licensure -

<http://www.google.com/search?hl=en&client=gmail&rls=gm&q=vermont+hospital+licensure&btnG=Search&aq=f&aqi=&aql=&oq=>

Hospital Report Cards - <http://www.bishca.state.vt.us/press-release/2009-vermont-hospital-report-cards-posted-state-bishca-website-data-compares-individual>

Patient Discharge Data Set - www.bishca.state.vt.us/category/sections/health-care/research-data-reports

Patient Satisfaction Survey - <http://www.bishca.state.vt.us/health-care/hospitals-health-care-practitioners/2009-patient-satisfaction>

Hospital Governance - <http://www.bishca.state.vt.us/press-release/2009-vermont-hospital-report-cards-posted-state-bishca-website-data-compares-individual>

Patient Complaints - www.vcah.org/pdf/hospital%20licensing%20application.doc

Strategic Initiatives and Public Participation - <http://www.bishca.state.vt.us/press-release/2009-vermont-hospital-report-cards-posted-state-bishca-website-data-compares-individual>

Nurse Staffing - <http://www.bishca.state.vt.us/press-release/2009-vermont-hospital-report-cards-posted-state-bishca-website-data-compares-individual>

Nursing Care Hours per Patient Day - <http://www.bishca.state.vt.us/category/sections/health-care/hospitals-health-care-practitioners?page=2>

Vermont Uniform Hospital Discharge Data Set - <http://www.bishca.state.vt.us/health-care/research-data-reports/vermont-hospital-utilization-reports-vhur>, and, <http://www.bishca.state.vt.us/health-care/research-data-reports/vermont-uniform-hospital-discharge-data-set-vuhdds>

Health Information Exchange – www.vitl.net